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## Fact Sheet: Consequences of Non-Treatment

An estimated 4.5 million Americans today suffer from the severest forms of mental illness, schizophrenia and manic-depressive illness (2.2 million people suffer from schizophrenia and 2.3 million suffer from bipolar disorder). The National Advisory Mental Health Council estimates that 40 percent of these individuals, or 1.8 million people, are not receiving treatment on any given day.

## The consequences of non-treatment are devastating:

### Homelessness

People with untreated psychiatric illnesses comprise one-third, or 200,000 people, of the estimated 600,000 homeless population. The quality of life for these individuals is abysmal. Many are victimized regularly. A recent study has found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and eight percent used garbage cans as a primary food source.

### Incarceration

People with untreated serious brain disorders comprise approximately 16 percent of the total jail and prison inmate population, or nearly 300,000 individuals. These individuals are often incarcerated with misdemeanor charges, but sometimes with felony charges, caused by their psychotic thinking. People with untreated psychiatric illnesses spend twice as much time in jail than non-ill individuals and are more likely to commit suicide.

### Episodes of Violence

There are approximately 1,000 homicides – among the estimated 20,000 total homicides in the U.S. – committed each year by people with untreated schizophrenia and manic-depressive illness. According to a 1994 Department of Justice, Bureau of Justice Statistics Special Report, "Murder in Families," 4.3 percent of homicides committed in 1988 were by people with a history of untreated mental illness (study based on 20,860 murders nationwide).

## The Department of Justice report also found:

- of spouses killed by spouse – 12.3 percent of defendants had a history of untreated mental illness;
- of children killed by parent – 15.8 percent of defendants had a history of untreated mental illness;
- of parents killed by children – 25.1 percent of defendants had a history of untreated mental illness; and
- of siblings killed by sibling – 17.3 percent of defendants had a history of

untreated mental illness.

A 1998 MacArthur Foundation study found that people with serious brain disorders committed twice as many acts of violence in the period immediately prior to their hospitalization, when they were not taking medication, compared with the post-hospitalization period when most of them were receiving assisted treatment. Important to note, the study showed a 50 percent reduction in rate of violence among those treated for their illness.

### **Victimization**

Most crimes against individuals with severe psychiatric disorders are not reported; in those instances in which they are reported officials often ignore them. Purse snatchings and the stealing of disability checks are common, and even rape or murder are not rare.

### **Suicide**

Suicide is the number one cause of premature death among people with schizophrenia, with an estimated 10 percent to 13 percent killing themselves. Suicide is even more pervasive in individuals with bipolar disorder, with 15 percent to 17 percent taking their own lives. The extreme depression and psychoses that can result due to lack of treatment are the usual causes of death in these sad cases. These suicide rates can be compared to the general population, which is approximately one percent.

### **Clinical Outcomes More Severe – Recovery Uncertain**

The longer individuals with serious brain disorders go untreated, the more uncertain their prospects for long-term recovery become. Recent studies have suggested that early treatment may lead to better clinical outcomes, while delaying treatment leads to worse outcomes. For example:

- A 1997 study from California (Wyatt et. al.) compared people with schizophrenia who received psychotherapy alone (89 patients) versus those who received antipsychotic medications (92 patients); those who received medications had much better outcomes three and seven years later.
- A 1998 study from England (Hopkins et. al.) revealed that delusions and hallucinations among patients suffering from psychosis increased in severity the longer treatment was withheld from the time of the initial psychotic break (51 patients were included in the study).
- A 1994 study from New York (Liebman et. al.) showed that the longer a patient waited to receive treatment for a psychotic episode, the longer it took to get the illness into remission (70 patients were included in the study).
- A 1998 study from Italy (Tondo et. al.) demonstrated that the sooner patients were started on lithium for their manic-depressive illness, the greater their improvement became (317 patients participated in the study).
- **Fiscal Costs**

Schizophrenia and manic-depressive illness are expensive diseases. A recent study found that the cost of schizophrenia alone was comparable to the cost of arthritis or coronary artery disease (D.J. Kupfer and F.E. Bloom, eds., *Psychopharmacology: The Fourth Generation of Progress*, 1995):

- schizophrenia costs \$33 billion per year;
- arthritis costs \$38 billion per year; and
- coronary artery disease costs \$43 billion per year.

The costs included both direct costs of treatment as well as indirect costs such as lost productivity:

### **Federal Benefits**

A significant percentage of government income benefits also go to people with severe mental illnesses. For example:

- Fifteen percent of Medicaid recipients have a serious psychiatric disorder;
- Thirty-one percent of Supplemental Security Income (SSI) recipients have a serious psychiatric disorder;
- Twenty-six percent of Social Security Disability Insurance (SSDI) recipients have a serious psychiatric disorder;
- Thirteen percent of those receiving VA disability benefits have a serious psychiatric disorder.
- Schizophrenia and manic-depressive illness are thus major contributors to the escalating costs of state and federal programs.

### **Incarceration and Related Costs**

It is a mistake to think that money is saved overall by not treating individuals with severe psychiatric disorders. Individuals who are untreated for their illness cost money by being incarcerated. For example, the total annual cost for these illnesses in jails and prisons is estimated by the Department of Justice Source Book on Criminal Justice Statistics (1996) to be \$15 billion (based on an estimated cost of \$50,000 per ill inmate per year, and 300,000 individuals with serious psychiatric disorders being incarcerated.)

Adding to this expense are court costs, police costs, social services costs, and ambulance and emergency room costs. A study of schizophrenia costs in England reported that "97 percent of direct costs are incurred by less than half the patients" and concluded that "treatments which reduce the dependence and disability of those most severely affected by schizophrenia are likely to have a large effect on the total cost of the disease to society and may, therefore, be cost-effective, even though they appear expensive initially." (Davies and Drummond, *British Journal of Psychiatry*, 165 (Suppl. 25): 18-21, 1994).

When calculating the fiscal costs of untreated severe psychiatric disorders, intangible costs must also be included: the deterioration of public transportation facilities, loss of use of public parks, disruption of public libraries, and losses due to suicide. The largest intangible cost, of course, is the effect on the family.

In sum, severe psychiatric disorders such as schizophrenia and manic-depressive illness are costly three times over: Society must raise and educate the individual destined to become afflicted; people with the illnesses are often unable to contribute economically to society; and many require costly services from society for the rest of their lives.

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